

TEMPORARY PERSONNEL SAFETY CERTIFICATION

(Not to Exceed One Year)

PAI - Privacy Act Information

This certificate is issued to allow the candidate to complete training during the upcoming year. The candidate is temporarily certified to perform the following certification specialty for a one-year period.

1. Certification:

2. Full Legal Given Name:

3. Organization Code:

4. Telephone Number:

5. Individual E-mail Address:

6. Social Security Number (Optional):

7. Supervisor's Name and E-mail Address:

8. Organization Code:

9. Telephone Number:

10. Experience in Certification Specialty:

11. Specify Crane Number(s) or Forklift:

OTHER CERTIFICATION REQUIREMENTS

12. Examiner's Signature:

13. Date:

INDIVIDUAL'S STATEMENT OF UNDERSTANDING

I understand the importance of performing the above specialty/skill in a manner that will not damage hardware or injure personnel.

14. Signature:

15. Date:

SUPERVISOR'S STATEMENT

I certify that this person has met the requirements listed above and completed the on-the-job training requirement. I hereby recommend certification.

16. Supervisor's Signature:

17. Date:

CERTIFICATION OFFICERS' APPROVAL STATEMENT

I have reviewed the above information and approve the individual's certification.

18. Contractor's Certifying Officer's Signature (Print Name and Sign):

19. Date:

20. MSFC S&MA Certifying Officer's Signature:

21. Date:

DO NOT SUBMIT THIS FORM TO THE MEDICAL CENTER

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INSTRUCTIONS

Print clearly. Optional entries are used to simplify the data entry/retrieval process.

BLOCK INSTRUCTIONS

1. Certification Specialty (one per form). See MWI 3410.1, Tables 1 and 2, Personnel Certification Program.
2. Employee's name.
3. Organization code (NASA mail code or contractor's company name).
4. Employee's telephone number.
5. Employee's email address.
6. Employee's Social Security Number (optional).
7. Supervisor's name.
8. Supervisor's organization code and email address.
9. Supervisor's telephone number.
10. Experience (years/months) in Certification Specialty.
11. List crane numbers (e.g., RR-301) or forklift class.
12. Proficiency Examiner signs. (Note: Examiner must be on the Industrial Safety Officer's Approved Safety Proficiency Examiner List.) Also, attach proficiency test.
13. Proficiency Examiner dates.
14. Individual signs.
15. Individual dates.
16. Supervisor signs.
17. Supervisor dates. (Note: Supervisor should not sign or date before the employee.)
18. Contractor's Certifying Officer signs - for contractor employees only. (Note: Contractor's Certifying Officer's name must be on the Safety Certifying Officer's list.)
19. Contractor's Certifying Officer dates.
20. MSFC Safety Certifying Officer signs.
21. MSFC Safety Certifying Officer dates.

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